

# CROSSTALK

Rhode Island Department of Health • Disease Prevention and Control • Communications Unit • Summer 2005

## Feature Articles

### Making strides in program integration

In November 2004, HEALTH initiated an effort to integrate its approach to chronic disease prevention. This new program integration initiative has five priority areas with workgroups addressing: Synergistic Messages, Contract Management, ISMs, State Plan Integration, and Data Analysis.

#### Synergistic Messages Workgroup

This group is working to develop non-competing, cross-cutting messages that incorporate the interrelationship of risk factors and chronic diseases. The group plans to address obesity prevention as its first issue. Working together with multiple programs, the group is developing an action plan to coordinate messages about obesity, physical activity, and nutrition across programs and divisions.

#### Contract Management Workgroup

The goal of this group is to create a coordinated and centralized contract function. To promote and support collaboration across programs, the workgroup will start by standardizing the Request for Proposals (RFPs) process. All existing contracts will be reviewed for scope of work and staffing. Recommendations will be made for a process to be used in all future RFPs and community contracts.

#### ISMs Workgroup

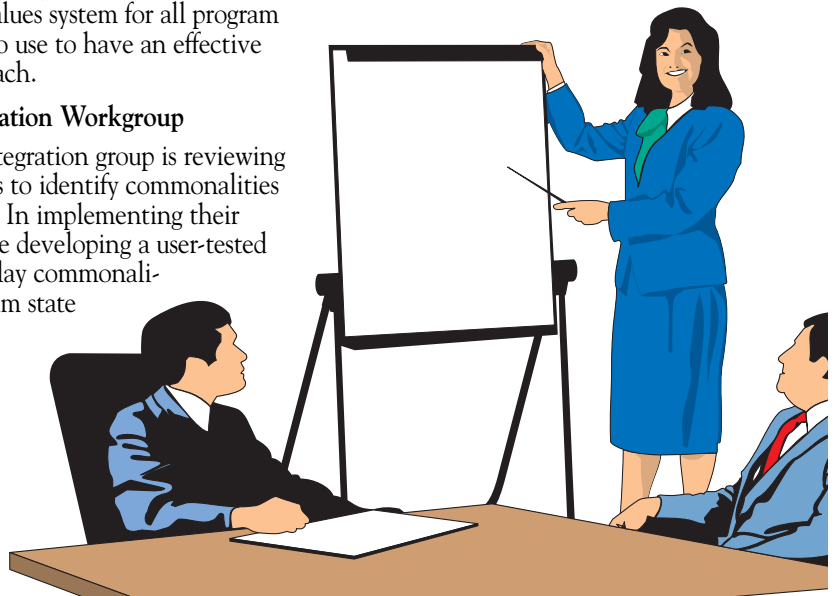
The goal of the "ISMS" group is to promote a respectful and inclusive environment, where all staff value diversity, are culturally competent, and address "-isms" (racism, sexism, ageism, etc.). This process will lead to trusting relationships, more effective collaborations, teamwork and professional attitudes at the worksite and with our community. The group developed a common framework and values system for all program integration staff to use to have an effective integrative approach.

#### State Plan Integration Workgroup

The state plan integration group is reviewing the program plans to identify commonalities and intersections. In implementing their workplan, they are developing a user-tested tool to easily display commonalities among program state plans.

#### Data Analysis Workgroup

The goal of the data analysis group is to develop better links between data analysis, particularly disparities data. This workgroup, combined with the Minority Data Workgroup, will establish uniform guidelines and procedures regarding the collection, use, analysis and dissemination of data on racial and ethnic populations.



### Reaching beyond cancer to communicate disease risk and prevention

More than 50 percent of all cancers could be prevented if we reduced the prevalence of known risk factors like tobacco use, physical inactivity, and obesity. This is the message the Harvard Center for Cancer Prevention has been promoting since its inception in 1994.

Now the Center is expanding this message to one that's even more powerful: reducing the prevalence of unhealthy behaviors could prevent not only half of all cancers, but also a significant portion of heart disease, stroke, type 2 diabetes, and osteoporosis. These diseases share many risk factors, creating the potential for powerful and consistent prevention messages.

#### Expansion of "Your Cancer Risk" into "Your Disease Risk"

In a major effort to promote these messages,

the Harvard Center for Cancer Prevention is expanding its popular website "Your Cancer Risk" into the more inclusive "Your Disease Risk" (<http://www.yourdiseaserisk.harvard.edu>). On this interactive website, users can input information about their risk factors and receive personalized risk assessments and tailored risk reduction messages. Like "Your Cancer Risk", the new site will offer assessments and personalized prevention messages for 12 types of cancer, but it will also now cover heart disease, stroke, diabetes, and osteoporosis.

#### Conclusion

Communication strategies like "Your Disease Risk" that incorporate prevention messages across diseases are the wave of the public health future. Broad prevention campaigns

represent an efficient use of limited public health resources. For example, disease-specific organizations can pool their resources to create unified messages about behavior change. The public is likely to embrace such clear and consistent messaging given the mixed information they have received in the past as a result of poor media communication, a true shift in our scientific understanding, or the contradictory effects of a given behavior.

With cancer, heart disease, osteoporosis, stroke, and diabetes sharing so many of the same risk factors, there are excellent opportunities for the public health community to create new partnerships in promoting healthy lifestyles and overall wellness.

Excerpted from the SOURCE  
February/March 2004

# Rhode Island: 7th in the nation to go smoke-free

## How does tobacco use impact Rhode Islanders?

- 1,800 Rhode Islanders die each year from smoking.
- 200 people die each year from exposure to secondhand smoke.
- Annual healthcare expenditures directly related to tobacco use exceed \$396 million.
- An additional \$4 to \$13 million is spent on infant health problems caused by smoking or exposure to secondhand smoke during pregnancy.

## The Public Health and Workplace Safety Law

To protect Rhode Islanders from the harmful effects of secondhand smoke at work and

in public, RI enacted the Public Health and Workplace Safety Law (effective March 1, 2005) and became the seventh state in the nation to go smoke-free. RI joins California, Connecticut, Delaware, Maine, Massachusetts, and New York as a public health leader in promoting smoke-free workplace and public environments. Since Governor Carcieri signed the bill into law on June 29, 2004, the Tobacco Control Program (TCP), HEALTH, and other key stakeholders have devoted considerable effort to educating business owners, employees, and the public on ways to comply with the law. Through a series of business roundtables, media promotions, and correspondence from Patricia A. Nolan, MD, MPH, former director of health and a principle supporter of the policy, business

owners were encouraged to adopt four simple strategies to make their businesses successfully smoke-free including:

- 1) Stay positive to help smoking employees and customers adjust;
- 2) Remove ashtrays to create a smoke-free environment;
- 3) Post "No Smoking" signs at every entrance as mandated by the law; and
- 4) Train employees about the law including what to say to customers who smoke; i.e., "State law requires that no smoking be allowed inside the building. We appreciate your cooperation."

## What You Can Do To Help:

You can promote the new smoke-free legislation to patients, customers, and in your communities and support businesses that comply with the law. To become more familiar with the law, visit the TCP webpage at [www.health.ri.gov/tobacco](http://www.health.ri.gov/tobacco). A variety of useful information and resources can be found online at this site including:

- 1) Rules and Regulations Pertaining to Smoke-free Public Places and Workplaces;
- 2) Fact Sheet: Smoke-free Public Place and Workplace Law;
- 3) No Smoking Signs for Businesses; and
- 4) Sample Smoke-free Workplace Policies. English and Spanish materials are available on the website.

If you are aware of violations of the smoke-free law and would like to register a written complaint, please download a copy of the Public Place or Workplace Complaint Form from the website and submit to HEALTH. The name of the complainant and his/her contact information is required to facilitate appropriate follow-up and corrective action. To file a complaint by phone, please call the RI Department of Health at 401.222.3293.



# Healthy eating and active living for all Rhode Island

DP&C's Initiative for a Healthy Weight (IHW) is bringing together HEALTH's nutrition, physical activity and obesity staff to help prevent obesity and reduce disparities in our state. In Rhode Island, the obesity rate rose by 66% from 1990 to 2003 (CDC BRFSS, 1999, 2003). In 2003, 57% of Rhode Island adults are overweight or obese, with significant disparities in the African American and Hispanic populations (CDC BRFSS, 2003). And it's not just adults! 38% of Rhode Island youth (age 6-17) are overweight or at risk for overweight (RI HIS, 2001).

Funded by the CDC, IHW coordinates, supports, and implements activities to promote lifelong healthy eating and active living through partnerships, community capacity building, policy and environmental changes, and targeted interventions. Working with its partners, IHW plans to address policy and environmental issues to:

- Improve nutrition
  - Increase physical activity
  - Reduce screen time
  - Increase breastfeeding rates and duration
- The IHW will be integrating their efforts

with related HEALTH programs, especially those dealing with chronic disease, and providing those programs with technical assistance. IHW is currently collaborating with the New England Coalition for Health Promotion and Disease Prevention (NECON; [www.NECONinfo.org](http://www.NECONinfo.org)) to support regional efforts in obesity prevention and control. This collaboration will provide a vehicle for IHW to connect across state lines, sharing ideas and creating working partnerships.

For more information on the IHW program, contact Tushoua Xiong, Program Manager (x1087).

## DP&C partners with the Cranston Senior Center

Recently, DP&C collaborated with the Retired Senior Volunteer Program (RSVP) of the Cranston Senior Center. Together, they worked to prepare a mailing to approximately 44,900 Rhode Island businesses about the new Workplace Safety Act, 2004. Taking effect March 1, 2005, this law prohibits smoking in public places and workplaces in Rhode Island, protecting Rhode Islanders from the harmful effects of secondhand smoke.

Each mailed packet contained five inserts informing businesses about the new smoke-free workplace and public place law. These inserts included a letter from the Director of Health, a Question and Answer sheet, a list of available HEALTH materials, and "No Smoking" signs in English and Spanish. Senior program volunteers collated the materials, stuffed and labeled envelopes, and sorted envelopes by zip code. "The RSVP is a professional and friendly service that has proven that no job is too big for us to tackle," said Cecile Beauvais, Head Senior, shown to the right at the head of the table.

The Cranston Senior Center is most eager to demonstrate that community partnerships benefit everyone involved. The senior volunteers enjoyed lending a hand and many of them expressed their gratitude to be able to serve all Rhode Islanders with information about the new law. Several of them shared their viewpoint about the law and were pleased that our Governor, legislators and community



partners worked together to pass this important public health law. A big thank you from all at HEALTH to the seniors who helped with this enormous undertaking!

Talk to Marilou Freitas, Communications Coordinator (x7635) if you have an upcoming mailing project. She will work with you and the Senior Center to get the job done.

*Left to right: Cecile Beauvais, Head Senior, Marie Leone, Shirley Sauvageau, Barbara Breard, Eleanor Denise, Ernest Denise, Mary Impaglizzo, Richard Barone. Missing from photo: Lois Sherman, Mary Figueredo, John Grimshaw, staff.*

## Promoting the new Lyme Clinic to primary care physicians serving non-metropolitan areas

Rhode Island Hospital and DP&C are collaborating to make a special outreach to practicing physicians serving patients from non-metropolitan areas to educate them about the Lyme Disease Clinic at Rhode Island Hospital. The Office of Primary Care and Rural Health provided funds to support this special initiative. In May, DP&C mailed a letter, a poster, and business cards, with details about the clinic to 400 pre-selected primary care physicians.

Lyme Disease continues to be a significant cause of morbidity for Rhode Island residents. In November 2004, a clinic specializing in the diagnosis and treatment of Lyme

Disease opened at Rhode Island Hospital. The Clinic serves adults and is staffed by an infectious disease clinician. Patients must be referred by their primary care physician.

To learn more about Lyme Disease please visit [www.health.ri.gov/Lyme](http://www.health.ri.gov/Lyme) or <http://www.lifespan.org/services/infectious/lyme/clinic.htm>.

For more information about this project, call Carol Hall-Walker, Communications Manager (x2589).

### Signs & Symptoms of **LYME DISEASE**

The early stage of Lyme disease is usually marked by one or more of the following signs and symptoms:

- ◆ fatigue
- ◆ chills and fever
- ◆ headache
- ◆ muscle and joint pain
- ◆ swollen lymph nodes
- ◆ a characteristic skin rash, called erythema migrans



For more information on Lyme disease, see  
[www.health.ri.gov/disease/communicable/lyme/index.php](http://www.health.ri.gov/disease/communicable/lyme/index.php)  
—OR—  
[www.lifespan.org/services/infectious/lyme/clinic.htm](http://www.lifespan.org/services/infectious/lyme/clinic.htm)

### **LYME DISEASE CLINIC AT RHODE ISLAND HOSPITAL**

RHODE ISLAND HOSPITAL AMBULATORY PATIENT CARE CENTER, 5TH FLOOR  
593 EDDY STREET • PROVIDENCE, RI • OFFICE HOURS: TUESDAYS 1:00-5:00PM

For adults who are referred by their primary care physician  
**Call (401) 444-5480** to schedule  
an appointment

## Working together for a well workplace

In December 2004, HEALTH re-established its Worksite Wellness Committee (WWC) in an effort to improve the health and safety of its employees. This committee is a collaborative effort that has representation from many programs, including the DP&C Communications Unit, Initiative for Healthy Weight, Office of Women's Health, Office of Minority Health, Communicable Disease, Healthy Rhode Island 2010, the Worksite Wellness Program, and the Medical Labs.

Building on previous worksite wellness initiatives, this newly-formed committee strives to:

- 1) promote health and prevent disease through lifestyle changes and awareness in nutrition, physical activity, weight management and self-care behavior;
- 2) promote and protect occupational health and safety; and
- 3) enhance the physical work environment.

A recent health risk appraisal of HEALTH employees found that over 30% are overweight and over 50% do not get enough physical activity or consume enough fruits and vegetables. Because of this, the committee has initially set its sights on increasing physical activity and improving nutrition

among employees. To increase physical activity, the committee is working to improve the safety and aesthetics of the stairwells. In the near future, the committee will promote a healthy competition to inspire employees to skip the elevator and use the stairs. In the area of nutrition, the committee is working with the Initiative for a Healthy Weight to create a farmer's market for state employees. This weekly summer event would provide state employees with access to fresh fruits and vegetables on the DOA front lawn.

The WWC also serves as the instrument of change for statewide and national initiatives. The committee chair, JoAnna Williams, serves as the Department of Health champion for Governor Carcieri's Well State Initiative. Starting with state agencies, this initiative strives to have 20% of all Rhode Island workplaces certified as well workplaces. Worksite Wellness Councils of America (WELCOA) certifies workplaces by looking at worksite policies (such as wellness programs, vacation time, health insurance, etc.) to determine if a worksite is in fact a well worksite.

If you would like to get involved or would like more information, contact JoAnna Williams, Healthy Rhode Island 2010 Coordinator (x7899).

## Title X

In late 2002, the Division of Family Health, (DFH) Title X Family Planning Program was awarded funding for three years to expand HIV counseling, testing, and referral (CTR) services to individuals being served through Title X family planning clinics. The project was funded through another competitive application for an additional three years beginning in 2005.

DP&C works collaboratively with DFH on this expansion project. DP&C's Office of HIV/AIDS provides DFH staff with training and technical assistance on HIV. The Office also provides HIV CTR certification training for clinical staff.

In addition, both programs use the same CDC-approved data collection tool for CTR information, expanding the amount of data available at HEALTH and adding to HIV surveillance efforts.

Each program's work compliments the other. For example, DP&C has been particularly successful in providing CTR services to males, while DFH's program has been more successful with females. Together, they have leveraged their funding to reach more people than either could have done alone.

Contact Lucille Minuto, Assistant Administrator (x7549) or Cheryl Leclair, Program Manager, Title X Family Planning Program in DFH (x4636) to learn more.

## Training

You're invited to participate in two training presentations on June 13 and June 20 from 2:00-3:30 pm in the Beck Conference Room. Call Lina Alba-Navarro, ( x7464) to reserve a spot.

### Media Advocacy 101 & 102 (June 13)

Media Advocacy is the strategic use of mass media and community advocacy to advance a social or public health policy initiative. It includes both paid and non-paid media. The National Cancer Institute developed this media advocacy model and it has successfully been used by the Tobacco Control Program to get passage of a statewide smokefree workplace law. Learn how to use the model to promote your public health issue.

### Health Communications (June 20)

One of our primary responsibilities at the HEALTH is communicating health messages to different audiences. This training will provide tips on how to develop tailored materials with effective content, concise writing, and clear design. To guide your material development, we will review the pros and cons of readability testing and go over how to use the Fry readability scale.

## Staff in, out and around

**Peter Petrone** moved from Family Health to DP&C. He is an Administrator in Communicable Disease. Welcome Peter.

The Communications Unit and Initiative for a Healthy Weight welcomes their new Communications Specialist **Stacie Bowman**.

**Venus Volquez** moved from the Office of Women's Health to the Women's Cancer Screening Program.

The Tobacco Control Program (and all of DP&C) will miss **Marianela Dougal**, the new Deputy Director at Progreso Latino.

## Satellite broadcasts

Title: **Building Cross-Cultural Partnerships in Public Health**  
Date: Wednesday, June 22, 2005  
Time: 1:00 - 3:30 pm  
Location: Health Policy Forum

Title: **Charting New Public Health Directions: CDC Looks to the Future**  
Date: Tuesday, June 28, 2005  
Time: 2:00 - 3:30pm  
Location: Auditorium

Contact Stacie Bowman, Communications Specialist (x7462) for more information.

Title: **Voices From the Leading Edge**  
Date: Thursday, July 14, 2005  
Time: 2:00 - 3:30pm  
Location: Auditorium

Title: **Supersizing of America: The New Challenge of Obesity**  
Date: Thursday, August 11, 2005  
Time: 2:00 - 3:30pm  
Location: Auditorium